

CITY OF BUFFALO

DEPARTMENT OF HUMAN RESOURCES Civil Service Division



GLADYS HERNDON-HILL COMMISSIONER

Notarized Statement

State of		County of	
Address:			
I have been applicati I understand applicati Buffalo, I understand	ion, and; d that the Ordinances of the Ci	ity of Buffalo for no less than S ity of Buffalo require that from ment that I continuously rema nin the corporate limits of the C y or all of these requirements	90 days prior to completing my 90 days prior to completing my in a domiciled resident of the City of City of Buffalo. will result in the denial of my
to verify <u>all</u> my s verifying any and determine who li understand that	statement/s, including but not I d all utilities in my name, etc. I ives at this address, and any o	imited to: verifying that I own t further understand that my ne other addresses that appear in nt to pursue legal action again	erstand the City of Buffalo has the righ the property, that I have a valid lease, eighbors may be interviewed to a a background check report. I st me for any false statements that
Date			Signature
	Ackno	owledgment of Individual	
STATE OF NE	EW YORK		
COUNTY OF			
basis of satisfaction acknowledged	ctory evidence to be the ind to me that he/she executed	ividual whose name is subs the same in his/her capacity	before me, the undersigned, nown to me or proved to me on the scribed to the within instrument and y, and that by his/her signature on individual acted, executed the
Notary Public Printed Name:			
My Commission	on Expires:		